

CONNELLSVILLE AREA SCHOOL DISTRICT

Name of Student

PHYSICAL CONSENT FORM

The Laws of the Commonwealth of Pennsylvania provide for a periodic physical examination of all children who are attending school. The physical examination is required upon entry to school, (kindergarten or first grade), sixth grade, and eleventh grade. The school physician will be examining the students in the above grades during the school year. If the examination is not completed at school, it must be done by your family doctor at your personal expense. A form will be provided for your doctor to complete.

PLEASE CHECK:

_____ Please examine my child at school.

_____ My child will be examined by our family physician and I understand that a private physician's form must be returned to the school nurse by **Oct. 31, 2007.**

Signature of Parent/Guardian

Date

SCOLIOSIS CONSENT FORM

The Laws of the Commonwealth of Pennsylvania provide for a periodic scoliosis screening of all sixth and seventh grade students. The purpose of this screening program is to detect possible curvature of the spine in children. The screening is very simple and can be performed in less than 1 minute. A trained screener will check your child's back by observing it while your child is standing and bending forward. It is recommended that boys wear a shirt that can be easily removed. Girls should wear a bra, bathing suit top, or halter under a blouse or sweater.

PLEASE CHECK:

_____ Please examine my child at school.

_____ I will arrange for the scoliosis screening with my child's physician, and I understand that written documentation of this screening must be returned to the school nurse by **Oct. 31, 2007.**

Signature of Parent/Guardian

Date